

CALWORKS CLIENT EMPLOYMENT PLAN

This Plan must be completed at the time the CCCP is completed and reviewed at least once every 3 months of service.
It should also be reviewed when employment goals are attained or need to be changed or Client's status changes.

1. Identified Barriers to Employment (check all that apply):

- Mental Health Issue:** ☐ Emotional/Behavior Problems ☐ Substance Abuse ☐ Unstable Living Arrangement
☐ Family Disruption ☐ Medical Problems ☐ Other (specify) _____
- Skills Needed:** ☐ Medication/Symptom Management ☐ Appropriate Grooming/Hygiene ☐ Communication
☐ Use of Transportation ☐ Socialization ☐ Literacy ☐ Pre-Employment ☐ Employment Preparation
☐ Job Development ☐ Job Placement ☐ Other (specify) _____

2. Planned Services/Activities to Eliminate Barriers: Employment services related to the development of a plan to attain employment. May include any single or combination of services.

- Employment Services:** ☐ On-Site ☐ Referred to _____ at _____
☐ Pre-Employment ☐ Work Adjustment ☐ Training/Education ☐ Employment Preparation
☐ Job Development/Placement ☐ Vocational Support Groups

Other Services: _____

3. Referrals:

- Has the Participant been referred for a medical evaluation? ☐ Yes ☐ No
Has the Participant been referred for a substance abuse assessment? ☐ Yes ☐ No
Has the Participant been referred for a domestic violence assessment? ☐ Yes ☐ No

4. Estimated time left on Participant's 60-month Welfare-to-Work time clock :

_____ (Number of Months)

5. Is the Participant exempt? ☐ Yes ☐ No

If yes, has the Participant volunteered for GAIN? ☐ Yes ☐ No

6. Is the Participant currently employed? ☐ Yes ☐ No

___ Employed full-time - Number of Hours _____

___ Employed part-time - Number of Hours _____

If yes, type of work: _____

7. Is the Participant in school? ☐ Yes ☐ No

___ Enrolled in school: ___ GED ___ ESL ___ College

Number of Hours _____

___ Enrolled in vocational training program: Number of Hours _____

Topic of Study: _____

8. Summary of progress toward employment (brief description):

Participant's Signature

Date

Signature & Discipline

Date

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to who it pertains unless otherwise permitted by law.

Name:

MIS#:

Agency:

Provider #:

Los Angeles County – Department of Mental Health